

PATENT NUMBER _____

U.S. UTILITY PATENT APPLICATION

O.I.P.E.

RM

PATENT DATE

SCANNED

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SUBCLASS

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<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)		ISSUE FEE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Amount Due</div> <div style="width: 55%;">Date Paid</div> </div>	
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